

Metro

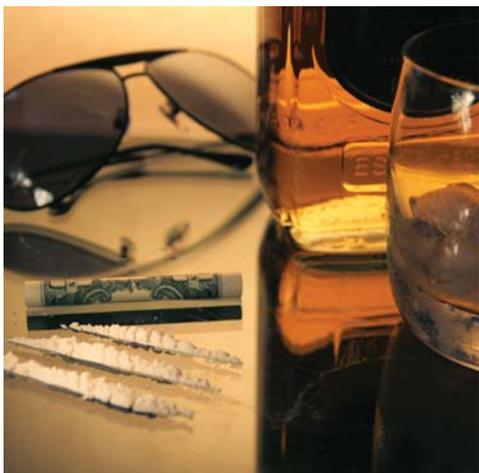
BRIEF



Kansas City

Substance Abuse Treatment in Metropolitan Areas

Office of Applied Studies



This report is one in a series of reports that provide a snapshot of substance abuse treatment in various metropolitan areas nationwide. This report focuses on substance abuse treatment admissions and treatment facilities in the Metropolitan Statistical Area (MSA)¹ of Kansas City, Missouri-Kansas,² hereafter referred to as Kansas City.

Data presented in this report are derived from the Treatment Episode Data Set (TEDS),³ which collects information on the characteristics of persons admitted to substance abuse treatment, and the National Survey of Substance Abuse Treatment Services (N-SSATS),⁴ an annual survey of treatment facilities. Both TEDS and N-SSATS are conducted by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).

Demographic Characteristics of Treatment Admissions

- In 2008, there were approximately 8,600 total substance abuse treatment admissions in Kansas City: 70 percent were male and 30 percent were female.

The age and race/ethnicity of treatment admissions in Kansas City are shown below in Figures 1 and 2.

Figure 1. Treatment Admissions by Age: Kansas City: TEDS 2008

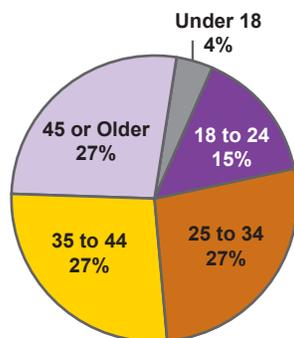
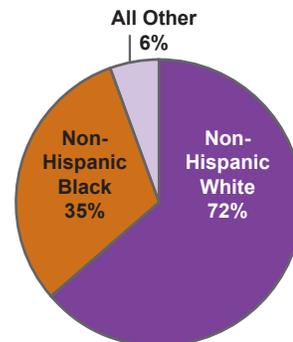


Figure 2. Treatment Admissions by Race/Ethnicity: Kansas City: TEDS 2008



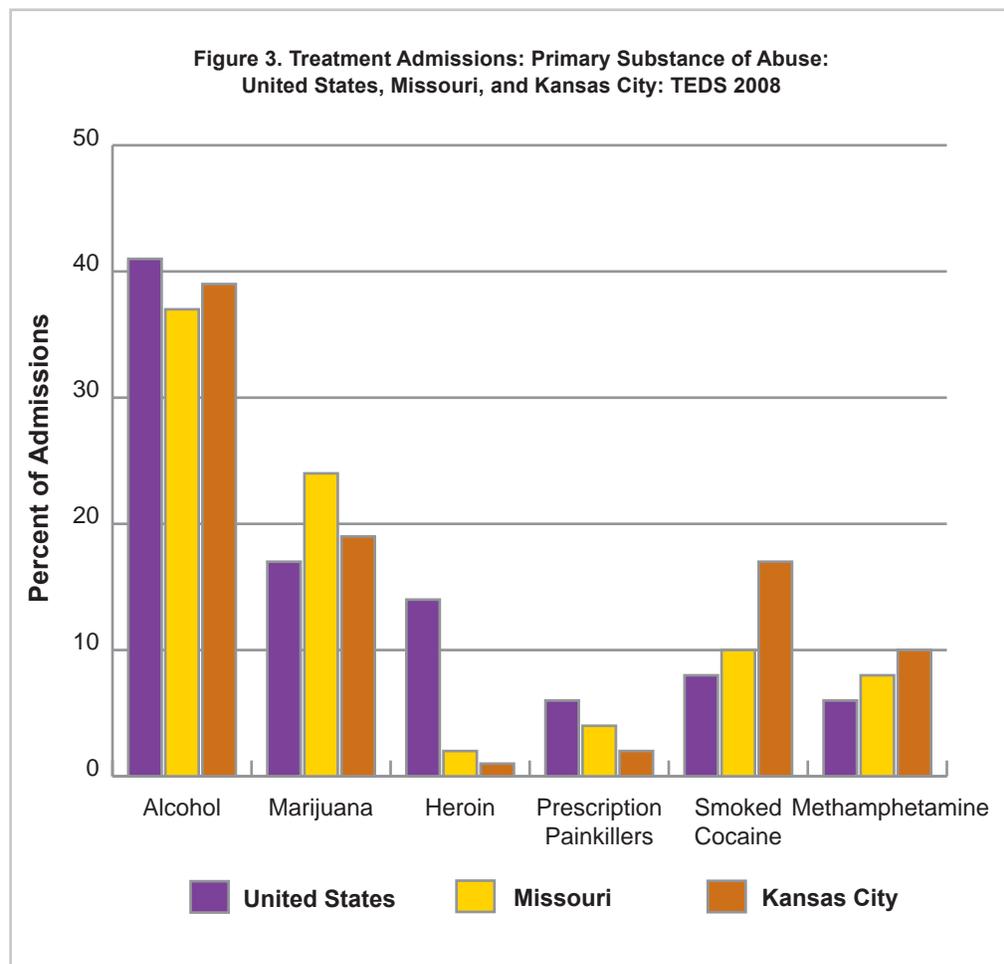
Source: Treatment Episode Data Set (TEDS) 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration
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Primary Substance of Abuse⁵ Reported at Treatment Admission

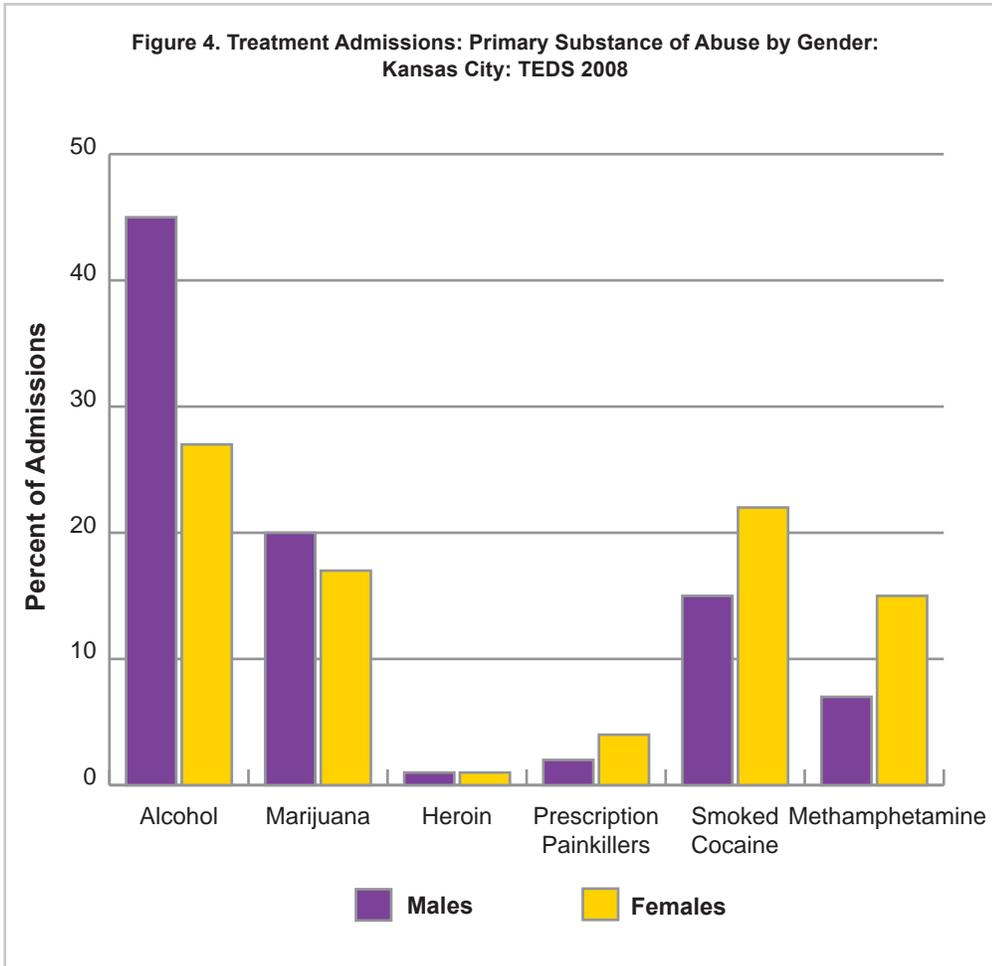
- Compared with the Nation as a whole and the State of Missouri, treatment admissions in Kansas City were:
 - more likely to report methamphetamine and smoked cocaine,
 - less likely to report heroin and prescription painkillers,
 - slightly more likely than U.S. admissions, but less likely than Missouri admissions as a whole to report marijuana, and
 - slightly less likely than all U.S. admissions, but slightly more likely than Missouri admissions as a whole to report alcohol (Figure 3).



Source: Treatment Episode Data Set (TEDS) 2008

By Gender

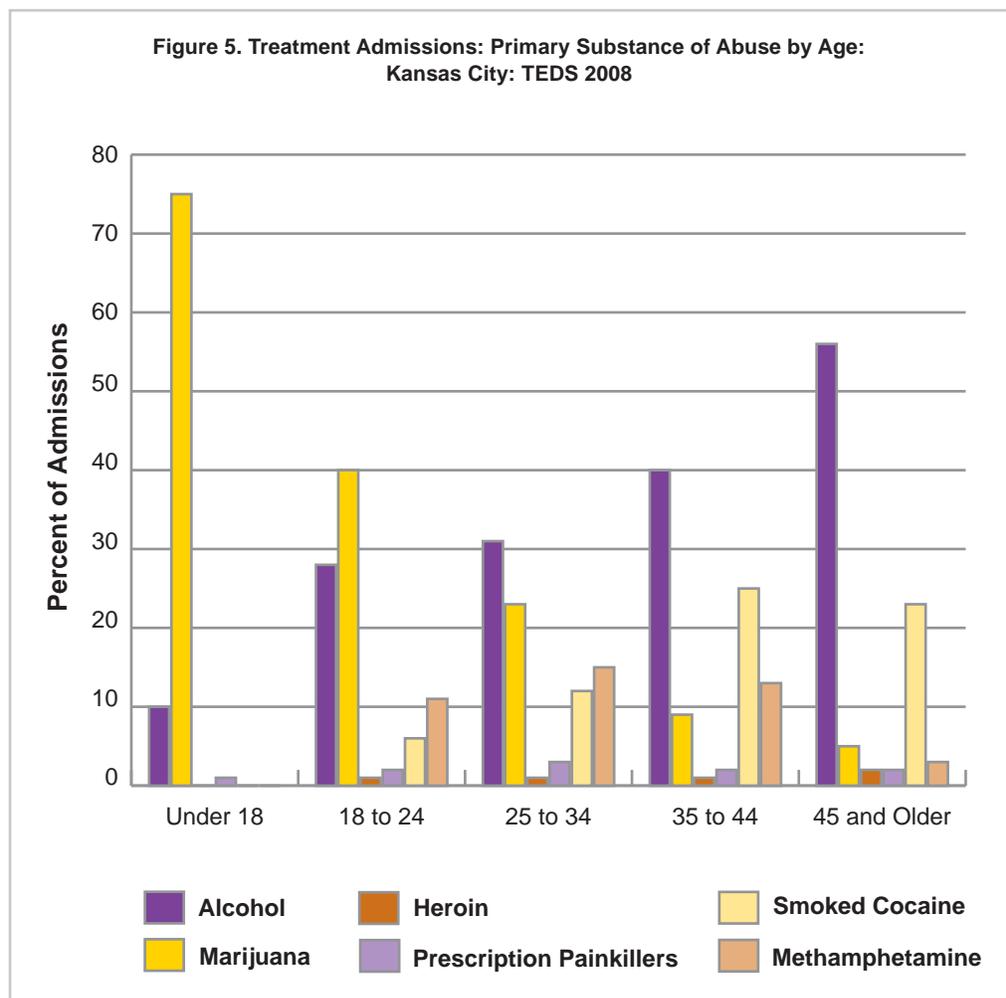
- Males and females most often reported alcohol as their primary substance of abuse.
- Second to alcohol, males most frequently reported marijuana, followed by smoked cocaine, and females most frequently reported smoked cocaine, followed by marijuana and methamphetamine.
- Compared with females, males were more likely to report alcohol and marijuana, and less likely to report smoked cocaine or methamphetamine (Figure 4).



Source: Treatment Episode Data Set (TEDS) 2008

By Age

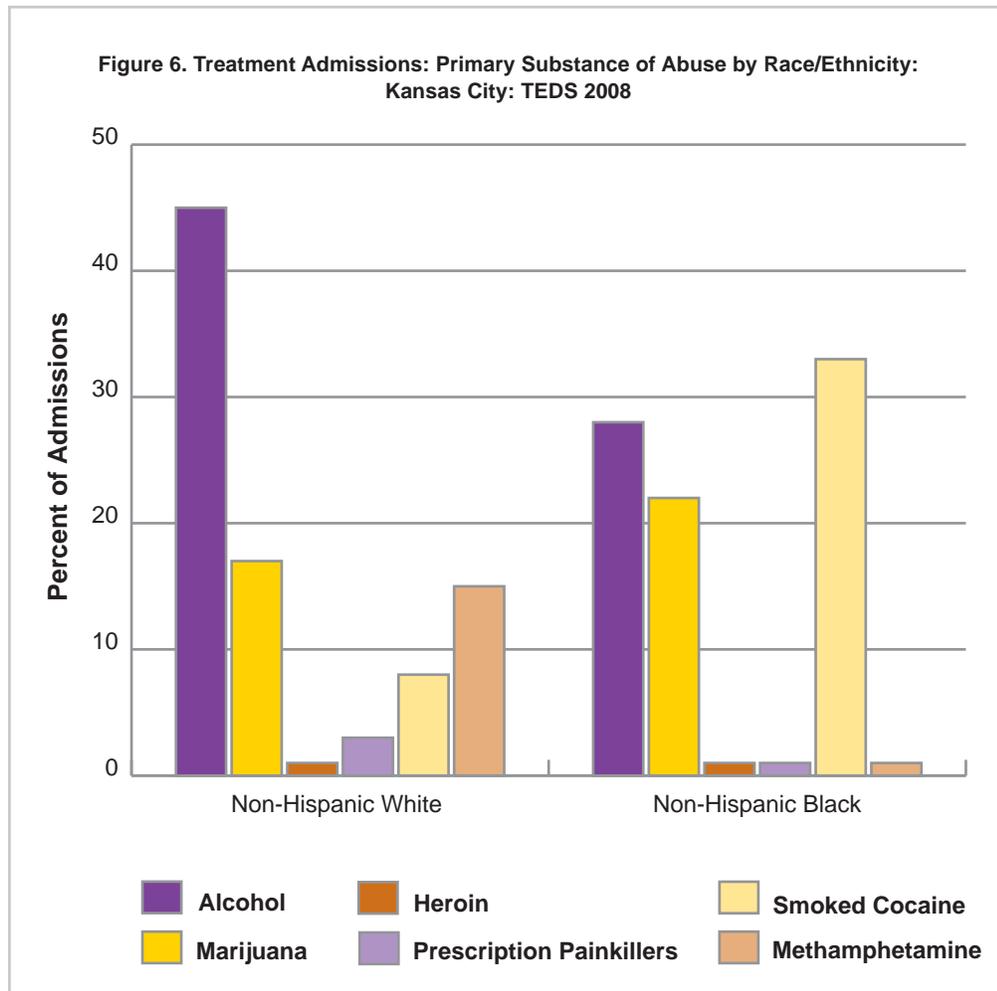
- Admissions under the age of 25 reported marijuana as their primary substance of abuse more often than other substances. Reports of marijuana decreased with age.
- Conversely, reports of alcohol increased with age. Admissions over the age of 25 most frequently reported alcohol as their primary substance of abuse.
- Reports of smoked cocaine also increased with age, peaking between ages 35 to 44 and slightly declining among those aged 45 and older. Smoked cocaine was the second most prevalent primary substance of abuse among admissions aged 35 and older.
- Methamphetamine was the third most frequently reported primary substance of abuse among admissions aged 18 to 44 (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

By Race/Ethnicity

- Non-Hispanic White admissions were more likely than non-Hispanic Black admissions to report alcohol and methamphetamine as primary substances of abuse.
- Non-Hispanic Black admissions were more likely than non-Hispanic White admissions to report smoked cocaine and marijuana.
- Alcohol was the most commonly reported primary substance of abuse among non-Hispanic White admissions, and smoked cocaine was the most prevalent substance among non-Hispanic Black admissions (Figure 6).



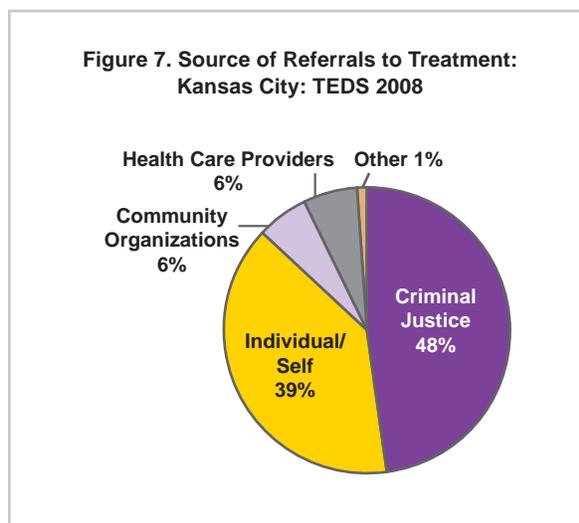
Source: Treatment Episode Data Set (TEDS) 2008

Injection Drug Use

- Of the total admissions in Kansas City, 8 percent reported injection drug use.

Sources of Referral

- The criminal justice system was the most common source of referral to treatment in Kansas City (48 percent), followed by individual/self-referral (39 percent), health care providers (6 percent), and community organizations (6 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

Substance Abuse Treatment Facilities

Types of Care

- In 2008, 95 facilities in Kansas City offered substance abuse treatment services: 88 facilities offered outpatient care, 22 facilities offered non-hospital residential care, and 4 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

Outpatient Care

- Of the 88 facilities that offered outpatient substance abuse care, 64 percent provided intensive outpatient services, and 24 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 95 percent of outpatient facilities.

Residential Care

- Of the 22 residential facilities in Kansas City, 77 percent offered short-term residential treatment (30 days or less), and 50 percent offered long-term residential treatment (more than 30 days).

Detoxification Programs

- A total of 13 facilities offered detoxification services. Of these facilities, 92 percent provided detoxification from opiates (heroin and prescription painkillers), 91 percent from alcohol, and 91 percent from cocaine.

Opioid Treatment Programs

Opioid treatment programs (OTPs) provide medication-assisted therapy with methadone and/or buprenorphine for the treatment of addiction to opiates such as heroin and prescription painkillers.

- In 2008, 6 of the 95 treatment facilities (6 percent) in Kansas City operated OTPs. On a typical day,⁶ 1,195 clients at these OTPs were receiving medication-assisted opioid therapy with methadone or buprenorphine.⁷

References

U.S. Census Bureau. (2009). Metropolitan and micropolitan statistical areas. Retrieved on December 2, 2009, from <http://www.census.gov/population/www/metroareas/metrodef.html>

End Notes

¹ MSAs are geographic entities used by Federal statistical agencies to collect, analyze, and publish Federal statistics and are defined by the U.S. Office of Management and Budget.

² The Kansas City, Missouri-Kansas MSA includes the following counties: Missouri: Platte, Lafayette, Jackson, Clinton, Clay, Cass, Caldwell, and Bates; Kansas: Wyandotte, Miami, Linn, Leavenworth, Johnson, Franklin, and Ray.

³ The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) in a standard format. TEDS records represent admissions rather than individuals, because a person may be admitted to treatment more than once. See the annual TEDS reports at <http://www.oas.samhsa.gov/dasis.htm#teds3>.

⁴ The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

⁵ TEDS collects information on up to three substances of abuse that lead to the treatment episode. The main substance abused by the client is known as the “primary substance of abuse.”

⁶ N-SSATS collected information on the number of clients in treatment at each facility on the survey reference date of March 31, 2008.

⁷ It is possible that the number of clients receiving treatment at opioid treatment programs (OTPs) on the N-SSATS reference date will appear relatively large in comparison with the number of annual treatment admissions based on data from TEDS. Reasons for this include: (1) persons receiving medication-assisted opioid therapy often remain in treatment for extended periods of time and thus do not show up in an annual count of admissions to treatment; and (2) some private for-profit OTPs do not report to TEDS but are surveyed in the N-SSATS.